REQUEST FOR REIMBURSEMENT/NON-STATE EMPLO ND DEPARTMENT OF HUMAN SERVICES FINANCE SFN 1765 (Rev. 08-2005)								r Name:			Is this the final reimbursement request					
								ss Line 1:			for this contract?					
97.1			Line 2:													
INSTRUCTIONS: To be used by non-state employees for reimbursement i.e. travel,								Line 3:			PAYEE CERTIFICATION					
workshop, registration, purchase of service, payment according to state rates and regulations.								City: State: Zip Code:								
CONTRACT INFORMATION	REIM	BURSABLE EXPENSES TOTALS														
Description of Service:	Name	ame of Workshop/Meeting - Date - Location													I CERTIFY THIS BILL TO BE TRUE AND CORRECT	
	Date a	Date and Time of Leaving Home Station (Show A.M. or P.M.)														
	Date a	Date and Time of Return to Home Station (Show A.M. or P.M.)												Payee Signature:		
	Lodgii	Lodging (Attach Receipts)														
Meals (Will be based on state rates)																Date:
	dometer reading or map miles). Number of Miles x Rate:															
Contract Number:										Payee Telephone Number:						
	Regis	tration Fe	es (Atta	ch Receipt)												
	s)										DEPARTMENT APPROVAL					
										Program Director						
		PURCHASE OF SERVICE									By:					
	DAY	UNIT	DAY	UNIT	DAY	UNIT	DAY	UNIT	DAY	UNIT	DAY	UNIT	DAY	UNIT		
																Date:
																Division Director
Contract Period:																By:
From: To:																
Billing Period:																Date:
From: To:	Total No. of Units X Unit Rate = Total Purchase of Service \$								\$							
FINANCE LISE ONLY			ΤO	TAI PEIM	IRI IRE/	ARI E EY	DENSE	S AND T	OTAL DI	IIBCHV6	E OE S	EBVICE9	S TO PI	E DAID	¢	Liaison Accountant By:

FINANCE USE UNLT

LI	LINE	Period Date	Chart	Dept. ID	Account	Class	Fund	Project ID	Activity ID	Resource Type	Resource Category	TRANSACTION AMOUNT	ŀ.
													L

DISTRIBUTION:

Date:

Finance - White/Canary - Canary returned with check Vendor - Pink retained by vendor